2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H77731

Entity Name: JAMES W. ADKINS, M.D., P.A.

FILED Jan 29, 2009 Secretary of State

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2595 STATE ROAD 584 SUITE R PALM HARBOR, FL 34684

New Mailing Address: Current Mailing Address:

2595 STATE ROAD 584 SUITE R PALM HARBOR, FL 34684

FEI Number: 59-2583724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, BRIAN E., ESQ. 7190 SEMINOLE BLVD. SEMINOLE, FL 33542

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ADKINS, JAMES W. ADKINS, JAMES W. Name: Name: 2595 STATE RD 584 2595 STATE RD 584 Address: Address: City-St-Zip:

PALM HARBOR, FL City-St-Zip: PALM HARBOR, FL 34684 US

Title: Title: (X) Change () Addition () Delete

Name: ADKINS, JAMES W. Name: ADKINS, JAMES W. 2595 STATE RD 584 Address: 2595 STATE RD 584 Address: PALM HARBOR, FL PALM HARBOR, FL 34684 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. ADKINS **PRES** 01/29/2009